

Work Order ID 61074

August 5, 2010 11:02:33 AM



Page 1

Item ID: D212-664-101

Accept



Setup Start



Revision ID:

Stop



Item Name: Crosstube Fwd

Start Date: 8/05/10 Start Qty: 1.00



Cust Item ID:

Required Date: 8/20/10 Req'd Qty: 1.00



Customer:

Reference:

Approvals: Process Plan:

Date: 10-8-05

Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop



Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr

Revision Nbr

D212-664-141

Rev D

100

0.00



DC

DOCUMENT CONTROL

Memo

0.00

Document Control

Photocopy bluefile and create labels as per PPP D212-664-101 CHG003

10/08/19.

CL 10-8-18

110

0.00



Packaging

Pick Kit

Packaging

Memo

0.00

Packaging

MB 10-08-10

120

0.00



CNC Bend 2

BENDING MACHINE - CROSSTUBES

Memo

0.00

CNC Alpha 160 Bender

Bend tube as per Dwg D212-664-141 using CNC bender program 212-fw and Folio D212-664-101

MB 10-08-10

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

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NOTE: Date & initial all entries

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Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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130

QC15- Crosstube Dimensional Check

0.00

8/05/10

QC

Memo

0.00

Quality Control

140

Crosstubes

0.00

Crosstubes

Memo

0.00

Crosstubes

1-Drill pilot holes in tube as per Dwg D212-664-141 using drill Jig DT8548 & DT8549, using drill table DT8577, set-up towers in hole #7 as per QSI.10

2-Ream hole to finish size in tube as per Dwg D212-664-141 using drill Jig DT8548 & DT8549. Check dimensions between holes, both sides on both cuffs, to ensure alignment with saddle holes.

3-Scribe part # and batch # using vibrating stylus as per Dwg D212-664-141

4-Deburr & Inspect for surface damage. Repair damage within limits as per Dwg D212-664-141

MB/ AWM
10-08-11

AWM 10-08-11

Dart Aerospace Ltd

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QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start

Stop

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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150

Crosstubes Chemical Conversion

0.00



HandFXtube

Memo

0.00

Hand Finishing Crosstubes

Chemical Conversion Coat within 24 hours of bending and drilling

1 — - *AWM*
10-08-11

160

QC5- Inspect part completeness to step on W/O

0.00



QC

Memo

0.00

Quality Control

*8/10/10**(40)*

170

Outsource process - NDT per QSI038 4.1

0.00



Outsource2

Memo

0.00

Outsource process - NDT

Liquid Penetrant Inspection as per QSI 038
Issue P/O: *12394*
LPI as per ASTM 1417 Level 2
Attach copy of NDT results to work order

CZ *10/8/12* *①*

Dart Aerospace Ltd

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Customer:

Reference:

Run Start



Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Stop



QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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180

Receive & Inspect for Damage & Mat'l Certs

0.00



Packaging

Packaging

Memo

0.00

Ensure copy of NDT results attached to work order.

CY 10/8/12 ①

190

QC5- Inspect part completeness to step on W/O

0.00



QC

Memo

0.00

Quality Control

Inspect for damage & ensure results are as per Dwg D212-664-141

ET 10-08-16 ⑤

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

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Customer:

Reference:

Run Start



Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Stop



QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
200	Spray Painting per QSI005 4.2	0.00							
	SprayPaint								
	Memo	0.00							
	1-Prime inside and outside crosstube as per QSI 005 4.2								
	2-Paint outside crosstube with White Imron as per QSI 005 4.2								
	PRIME:								
	Start Time: 10:00								
	Finish Time: 11:00								
	PAINT:								
	Start Time: 3:00								
	Finish Time: 4:00								
210	QC14- Inspect Spray Paint	0.00							
	QC								
	Quality Control								
	Memo	0.00							
	Then, Wrap in plastic bag to protect from scratches								

RT 10-08-16

ml 10 08 17 1

W/O:		WORK ORDER CHANGES					
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Start Date: 8/05/10 Start Qty: 1.00



Cust Item ID:

Required Date: 8/20/10 Req'd Qty: 1.00

Customer:

Reference:

Run Start



Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Stop



QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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220

0.00



Crosstubes

Crosstubes

Memo

0.00

Crosstubes

1- Lightly scuff the bonded area using a 320 grit sand paper and clean the area with 41058 wash 'n' wipe
2-Install supports with magnobond as per QSI 015 Adhere for for 12 Hrs
A/R 6398 Magnobond Batch: 114158

BT 10-08-17

230

0.00



QC5- Inspect part completeness to step on W/O

QC

Memo

0.00

Quality Control

1 100818

240

0.00



Pick Kit

Packaging

Memo

0.00

Packaging

10/8/18

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

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Dart Aerospace Ltd

W/O: 61074		WORK ORDER CHANGES						
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector	
		Perm. change						
	to 100	Missing A19603D 616 Pom w/o ADD A19603D 616 B* <u>M114988</u> QTY +16 per Kit S N/A S149D066031	SA	10/8/19			S 10/08/19	
		update w/o to Bom	AA	10.08.19			S 10/08/19	

Part No: D212-664-101 PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

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NOTE: Date & initial all entries

Picklist Print

August 5, 2010 11:02:39 AM

Page 1

Work Order ID: 61074

Parent Item: D212-664-101

Parent Item Name: Crosstube Fwd



Start Date: 8/05/10

Required Date: 8/20/10

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:E 04.02.16 Reformat KJ/DS
IPP Rev:F 06-03-29 Remove Coments on Pick List JLM
IPP Rev:G 07-04-30 As per Rev C JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

D212-664-101TRN		Manufactured	No			110	Each	2.0000	1	1			
Crosstube Turning Detail													

Location	Loc Qty	Loc Code
LG	2	
60527	1	
60528	1	

IX

MB 10-08-10

D3595-063-450		Manufactured	No			230	Each	38.5390	4	4.210526			
RUBBER CUSHION													

Location	Loc Qty	Loc Code
LG	38.53897368	
53775	5.97897368	
58161	3.56	
59580	29	

X4

BT 10-08-17

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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Picklist Print

August 5, 2010 11:02:39 AM

Work Order ID: 61074

Parent Item: D212-664-101

Parent Item Name: Crosstube Fwd

Start Date: 8/05/10

Required Date: 8/20/10

Start Qty: 1.00

Required Qty: 1.00

MS21920-25

Purchased

No

220

Each

123.0000

4

4



Clamp(per MIL-DTL-8783C)



IT 10-08-17

Location

Loc Qty

Loc Code

LG

80

113281

0

114759

30

114901

25

115278

25

ST451

43

113281

5

113282

18

113744

1

114141

19

D2893-1

Manufactured

No

220

Each

28.0000

2

2



2.75 Support



IT 10-08-17

Location

Loc Qty

Loc Code

LG

28

53340

2

53774

6

56354

20

Manufactured

No

240

Each

13.0000

1

D3428-1



Placard



10/8/10 SP

Location

Loc Qty

Loc Code

ST056

13

60133

3

60484

10

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

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Work Order ID: 61074



Parent Item: D212-664-101



Parent Item Name: Crosstube Fwd

Start Date: 8/05/10

Required Date: 8/20/10

Start Qty: 1.00

Required Qty: 1.00

AN6-35A

 BOLT

Purchased No 240 Each 71.0000 4 4



10/8/10

Location Loc Qty Loc Code

ST343 71

115204 71

AN6-36A

 Bolt

Purchased No 240 Each 80.0000 4 4



10/8/10

Location Loc Qty Loc Code

ST343 80

114330 30

115016 50

MS21042L6

 Nut

Purchased No 240 Each 362.0000 6 6



10/8/10

Location Loc Qty Loc Code

ST300 362

111578 4

114495 158

115300 200

6

W/O:		WORK ORDER CHANGES					
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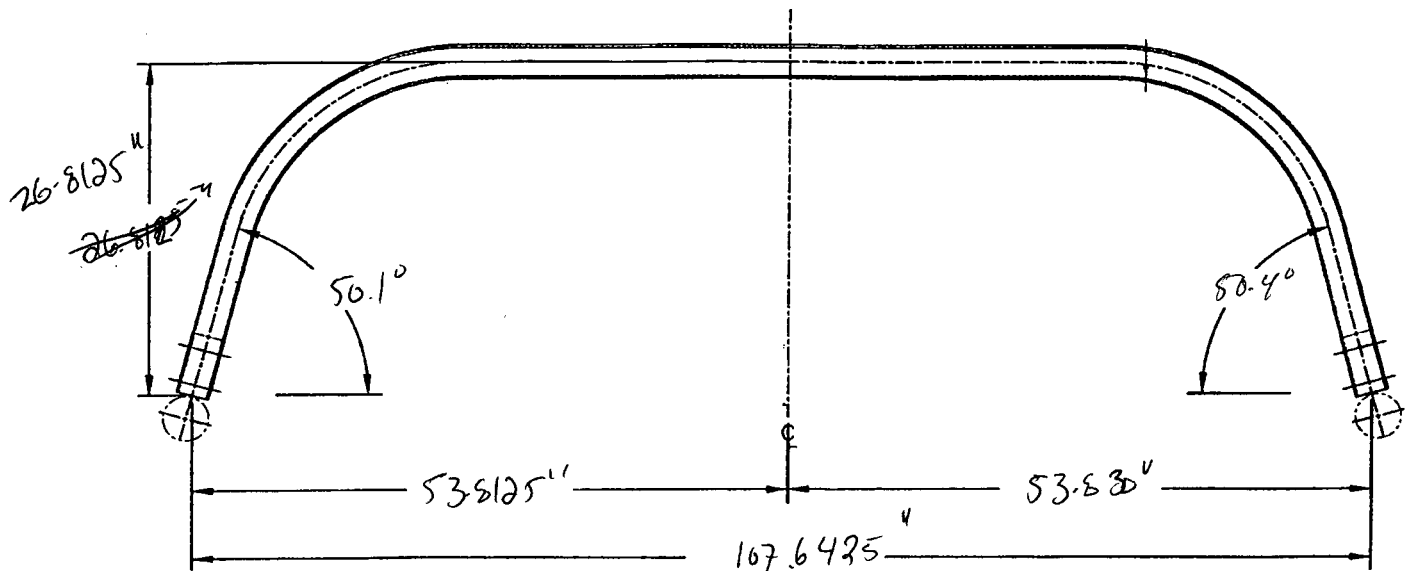
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DART AEROSPACE LTD		Work Order:	61079
Description: Crosstube High Fwd (205/212/412)		Part Number:	D212-664-101
Inspection Dwg: D212-664-141 Rev: D		Page 1 of 1	

Required Dimension	Min	Max
Height	26.79	27.05
1/2 Span	53.59	53.85
Angle	49	52
Total Span	107.18	107.7



Comments

QC15 Inspection	5
Date	10/05/09

Rev	Date	Change	Revised by	Approved
A	07.02.06	New Issue	KJ/JM	
B	07.05.31	Dimensions updated per Dwg Rev C	KJ/JM	
C	10.04.01	Dwg Rev updated	KJ	

W/O:		WORK ORDER CHANGES					
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8 7 6 5 4 3 2 1



Item	Qty -141	Qty -141B	Part Number	Description
1	X		D212-664-141	CROSSTUBE ASSEMBLY (205/212/412 HIGH FWD)
2		X	D212-664-141B	CROSSTUBE ASSEMBLY (214 HIGH FWD)
3	1	1	D6005-128	CROSSTUBE
4	2	2	D2893-1	SUPPORT
5	4	4	D3595-063-450	RUBBER CUSHION
6	4	4	MS21920-25	CLAMP (OR MS21920-26)
7	A/R	A/R	MAGNOBOND 6398	ROCKWELL SPECIFICATION RBO-120-023 ADHESIVE (TEXTRON/BELL SPEC. 299-947-100, TYPE II, CLASS 2 ADHESIVE)

W/G 61074
B810-805

GENERAL NOTES:

- 1) MATERIAL: MANUFACTURED FROM D6005-128
FINISHED LENGTH = 126.514±0.020
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2
PAINT OUTSIDE PER DART QSI 005 4.2
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED.
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX.
- 6) IDENTIFICATION: SCRIBE DART PART NUMBER "D212-664-XXX" AND BATCH NUMBER ON INSIDE OF CUFF USING VIBRATING STYLUS
- 7) WEIGHT: D212-664-141 = 33.6 lbs (PER IIN-D212-664)
D212-664-141B = 33.6 lbs (PER IIN-D212-664)
- 8) PART IS SYMMETRIC ABOUT CENTERLINE.
- 9) RUN CUTTER OFF PART. BLEND OUT EDGE LONGITUDINALLY, TRANSITION SHOULD BE SMOOTH.
- 10) BEND PROGRESSIVELY WITH A MINIMUM OF 3 PASSES. MAXIMUM TUBE FLATTENING DUE TO BENDING IS 6% BASED ON O.D.
- 11) LIQUID PENETRANT INSPECT OUTSIDE SURFACE OF CROSSTUBE PER QSI 038.
- 12) INSTALL D2893-1 SUPPORT USING 0.03" TO 0.06" THICK LAYER OF MAGNOBOND 6398 TO THE SURFACE OF D2893-1 THAT WILL BE IN CONTACT WITH THE CROSSTUBE PER QSI 015. LET CURE FOR 12 HOURS AFTER INSTALLATION AND PRIOR TO PACKAGING.
- 13) INSTALL MS21920-25 CLAMPS (OR -26) WITH D3595-063-450 RUBBER CUSHIONS TO SECURE THE D2893-1 SUPPORT ON TOP SIDE OF THE CROSSTUBE. ENSURE CLAMPS ARE OPPOSITE OF CROSSTUBE SUPPORT.
- 14) EXTREME CARE MUST BE TAKEN TO PROTECT THE OUTSIDE SURFACE OF THE TUBE. THE OUTSIDE SURFACE MUST BE SMOOTH AND FREE FROM SURFACE DEFECTS SUCH AS SCRATCHES, NICKS, OR DENTS. DEFECTS UP TO 0.005" MAY BE BLENDED OUT LONGITUDINALLY. CIRCUMFERENTIAL GRIND MARKS ARE UNACCEPTABLE.
- 15) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING.

RELEASED
2009-10-29

D	REFORMAT/REVISE GENERAL NOTES/PART LIST; REORGANIZED VIEWS AND REFORMATTED DRAWING TO CURRENT STANDARDS; ADD -141B (ZN B4-2, D4-2); REMOVED REF & ADD TOLERANCES (ZN B4-3, C6-3, C8-3 & B6-3); RELOCATED FLAG #6 PER PAR 08-046 (ZN A5-3); MOVED TURNING DETAIL & UPDATED TOLERANCE TO SHEET 4	RF	09.09.30
C	REMOVE -851 ABRASION STRIP; ADD MAGNOBOND 6398, CUSHION, REVERSE CLAMPS	PH	07.03.08
B	ADD HOLES FOR COMPATABILITY WITH BHT/AA SKIDTUBES	PH	05.02.04
A	NEW ISSUE	PH	00.12.12
REV.	DESCRIPTION	BY	DATE
DESIGN	PH	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	PH	DRAWING NO.	REV. D
MFG. APPR.	PH	D212-664-141	SHEET 1 OF 4
APPROVED	PH	TITLE	SCALE
DE APPR.	PH	XTUBE ASS'Y (205/212/412 HI FWD)	NTS
DATE	09.09.30	COPYRIGHT © 2009 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSES OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

8 7 6 5 4 3 2 1

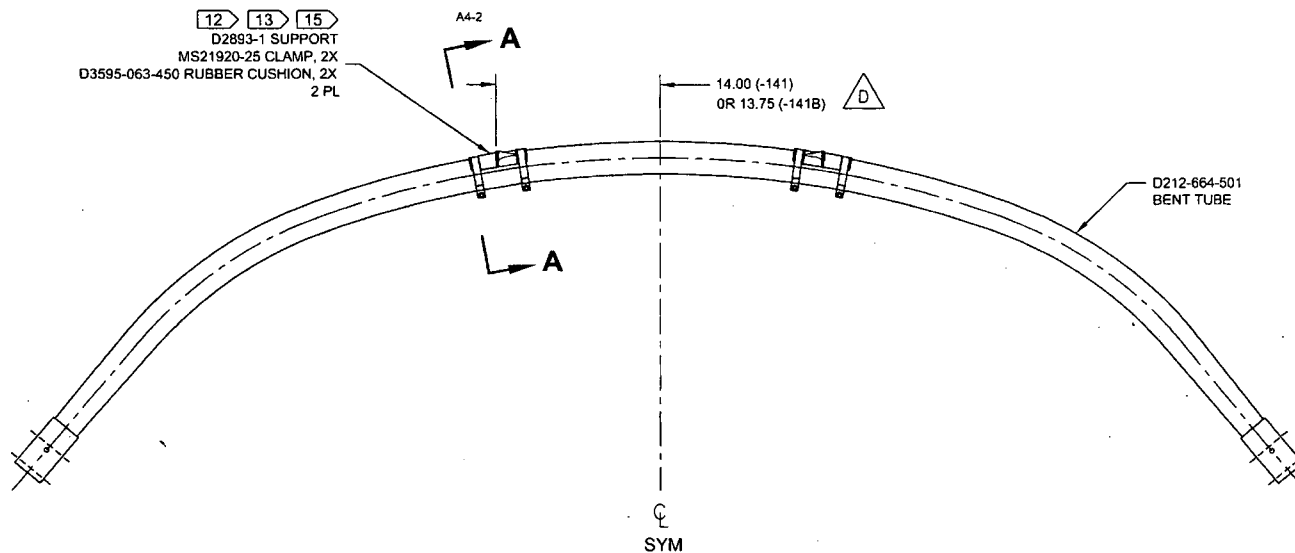
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Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

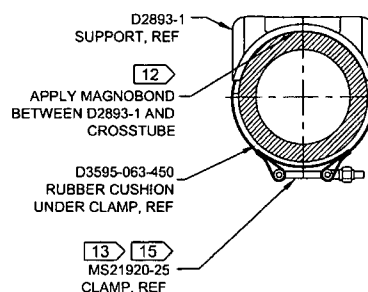
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**D212-664-141/-141B
ASSEMBLY DETAIL**



SECTION A-A DS-2
SCALE 4X

WLG 61074

RELEASED
2009-10-29

DESIGN	PH	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	AP	DRAWING NO.	REV. D
MFG. APPR.	DS	D212-664-141	SHEET 2 OF 4
APPROVED	AP	TITLE	SCALE
DE APPR.	AP	XTUBE ASS'Y (205/212/412 HI FWD)	NTS
DATE	09.09.30	<small>COPYRIGHT © 2005 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL, AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	

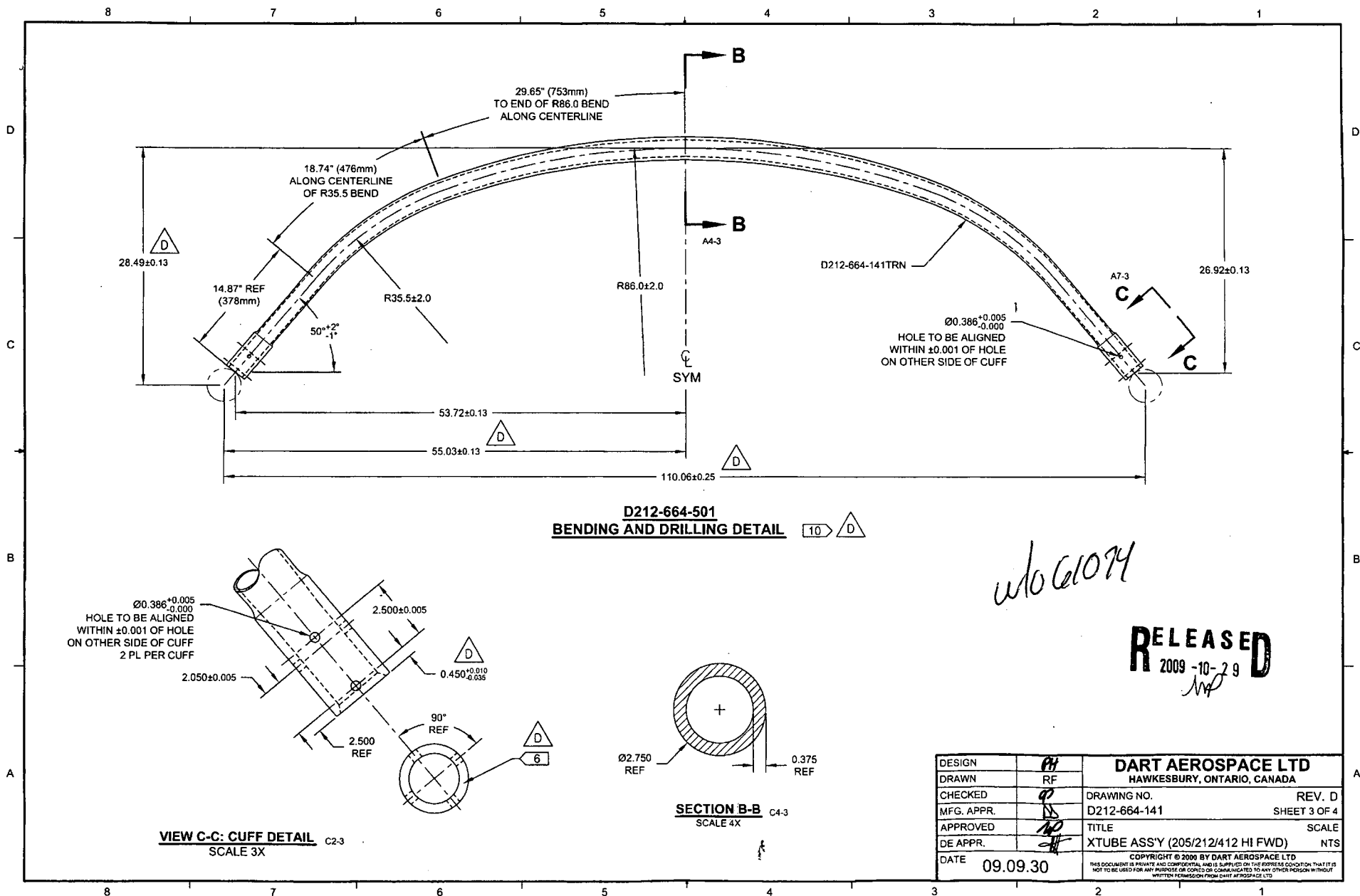
W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries



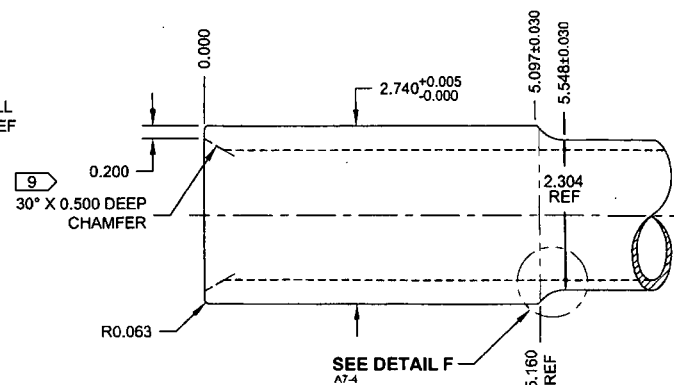
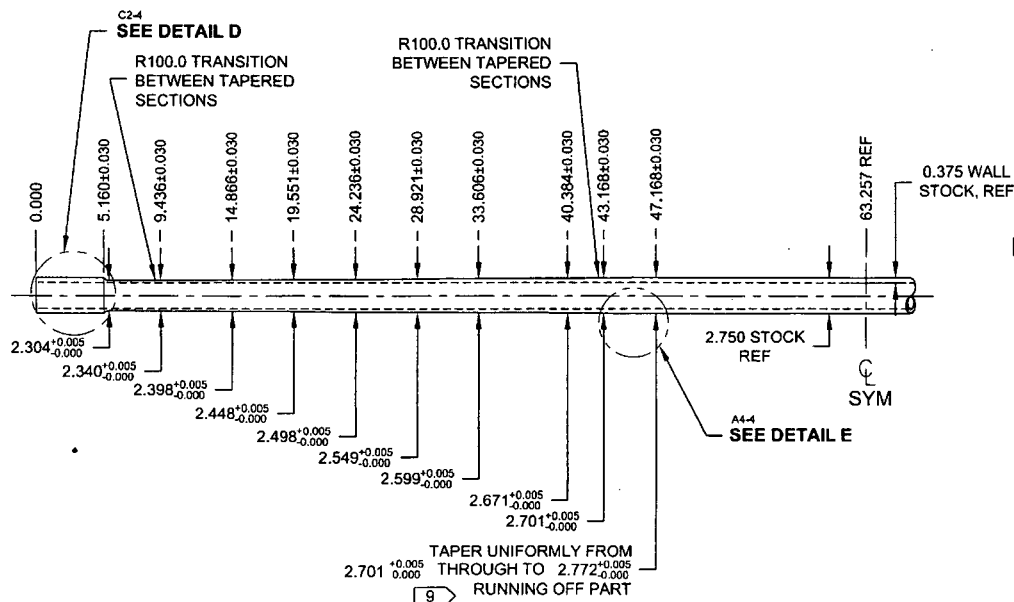
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DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

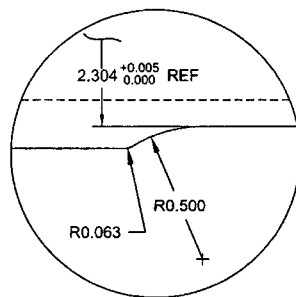
Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

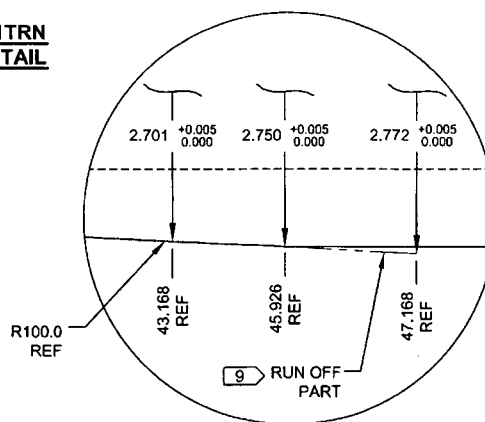
NOTE: Date & initial all entries



DETAIL D:
CROSSTUBE CUFF D8-4
 SCALE 5X



DETAIL F:
CUFF TRANSITION C2-4
 SCALE 10X



DETAIL E:
TAPER RUN-OFF C5-4
 NOT TO SCALE

w/o 61074

RELEASED
 2009-10-29
 [Signature]

DESIGN	PH	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	Q	DRAWING NO.	REV. D
MFG. APPR.	DS	D212-664-141	SHEET 4 OF 4
APPROVED	AP	TITLE	SCALE
DE APPR.	TH	XTUBE ASS'Y (205/212/412 HI FWD)	NTS
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W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries



ACUREN

LIQUID PENETRANT TEST REPORT

P- 05489

CLIENT

ATTENTION

ADDRESS

PROJECT

ITEM(S) EXAMINED

DATE

ACUREN JOB NO.

PO/NO.

WORK LOCATION

ACCEPTANCE STD.

PAGE

OF

TIME

AM

PM

REV./DATE

JOB DESCRIPTION

PROCEDURE NO. LT-002 REV./DATE

TECHNIQUE NO. LT-002 REV./DATE

PART NO.

MATERIAL ALUMINUM THICKNESS

SCOPE

TEST DETAILS

METHOD	<input checked="" type="checkbox"/> FLUORESCENT	<input type="checkbox"/> VISIBLE	<input checked="" type="checkbox"/> WATER WASH	<input type="checkbox"/> SOLVENT REMOVABLE	<input type="checkbox"/> POST EMULSIFIED
FAMILY BRAND	MAGNAFLUX		BLACK LIGHT S/N	13798	
NETRANT	ZL-67	MINIMUM DWELL TIME	10	MIN.	LIGHTING EQUIP. <input type="checkbox"/> FLASHLIGHT <input type="checkbox"/> TROUBLELIGHT <input type="checkbox"/> OUTPUT > 1000 μ W/cm ² <input type="checkbox"/> AMBIENT < 2 fc
NETRANT REMOVER	H2O	MINIMUM DRY TIME	> 10	MIN.	OTHER
DEVELOPER	SKD-52	MINIMUM DWELL TIME	10	MIN.	LIGHT METER S/N
DEVELOPER TYPE	<input type="checkbox"/> NON AQUEOUS <input type="checkbox"/> AQUEOUS <input type="checkbox"/> DRY	CAL DUE DATE			

TEST SURFACE

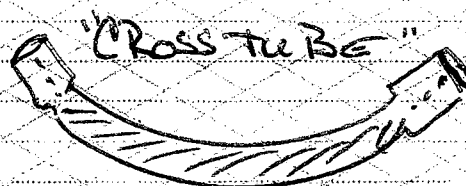
SURFACE CONDITION	<input type="checkbox"/> AS GROUND	<input type="checkbox"/> AS WELDED	<input type="checkbox"/> MACHINED	<input type="checkbox"/> SHOT BLASTED	<input checked="" type="checkbox"/> CLEAN BARE METAL
SURFACE TEMPERATURE	<input type="checkbox"/> < -4°C/ 20°F	<input type="checkbox"/> -4°C/ 20°F TO 10°C/50°F	<input checked="" type="checkbox"/> 10°C/50°F TO 52°C/125°F	<input type="checkbox"/> > 52°C/125°F	

RESULTS-

☐ METRIC ☒ IMPERIAL

ITEM	COMMENTS	ACCEPT	REJECT
1	CROSS TUBE - W.O. ID 59887	✓	✗
2	CROSS TUBE - W.O. ID 59888	✓	
3	CROSS TUBE - W.O. ID 61074	✓	
4	CROSS TUBE - W.O. ID 61075	✓	
5	CROSS TUBE - W.O. ID 60258	✓	
6	CROSS TUBE - W.O. ID 60259	✓	

ITEM ID: - D407-667-205 (ITEM # 1/2)
 ITEM ID: - D212-664-01 (ITEM # 3/4)
 ITEM ID: - D212-664-107 (ITEM # 5/6)



IT 10-08-16

Scope of Services

The agreement of Acuren Group Inc. to perform services extends only to those services provided for in writing. Under no circumstances shall such services extend beyond the performance of the requested services. It is expressly understood that all descriptions, comments and expressions of opinion reflect the opinions or observations of Acuren Group Inc. based on information and assumptions supplied by the owner/operator and are not intended nor can they be construed as presentations or warranties. Acuren Group Inc. is not assuming any responsibilities of the owner/operator and the owner/operator retains complete responsibility for the engineering, manufacture, repair and use decisions as a result of the use or other information provided by Acuren Group Inc. In no event shall Acuren Group Inc.'s liability in respect of the services referred to herein exceed the amount paid for such services.

Standard of Care

In performing the services provided, Acuren Group Inc. uses the degree, care and skill ordinarily exercised under similar circumstances by others performing such services in the same or similar locality. No other warranty, expressed or implied, is made or intended by Acuren Group Inc.

SIGNATURES

CLIENT REPRESENTATIVE

TECHNICIAN (SIGNATURE):

NAME (PRINT):

Ben Titley
 PRINT
 1ST TECHNICIAN
 CGSB LEVEL 2 SNT LEVEL 2
 CGSB REG. NO. 344

1ST TECHNICIAN
 CGSB LEVEL 2 SNT LEVEL 2
 CGSB REG. NO. 344

DTR # E48667

REPORT

REVIEWED BY:

NAME

INITIALS

WHITE - CLIENT COPY

CANARY - OFFICE COPY

PINK - TECHNICIAN COPY

GOLD - OFFICE COPY

PT-5